Community Litter Cleanup Program
Funded by the Washington State Department of Ecology
Site # ______

Site Information & Consent Form

The King County Solid Waste Division’s Community Litter Cleanup Program provides cleanup and disposal of litter and illegally dumped waste on public property. Please complete this form if you know of such a site. We will require the property owner or custodian to provide authorization before the site can be cleaned up. We cannot guarantee we will be able to clean all sites referred.

Contact Information

☐ Your Name: _____________________________ Date: ______________
☐ Name of Your City/Agency/Organization: __________________________
☐ Phone Number: _______________ Fax Number: _______________
☐ Name of property owner or custodian if different from above: _______________________
☐ Phone number of property owner or custodian: _______________________

Project Information

1. Specific address or location of site and directions. (Must be public, not private property.)
   Thomas Guide reference #: ______________

2. List approximate number of road miles and/or acres to be cleaned. __ Miles __ Acres

3. Describe site to be cleaned including type of debris present and any site access issues.

4. List all resources your city, agency or organization can contribute to help clean up this site such as staff, equipment, transportation, and any follow up.

Consent to Enter Property and to Accept Conditional Site Clean Up

☐ I, the undersigned, am a representative of the public agency responsible for the property described above.

☐ I consent to have King County cleanup crews enter the site described above to clean up and dispose of litter and illegally dumped materials.

☐ I understand that if hazardous materials are found on this property, the proper removal, disposal and reporting (as appropriate) of those materials are the responsibility of my agency.

_______________________________________________________________
Property Owner / Custodian Authorized Representative Date

FOR KING COUNTY SOLID WASTE DIVISION USE ONLY

☐ Verbal authorization provided by: _____________________________ Phone Number: _______________

☐ Consent Agreement Read: __________ Date: __________ KCSWD Rep: __________________________

Return Completed Form to: Morgan John, King County Solid Waste Division 201 S. Jackson St., Ste 701 Seattle, WA 98104 Phone: (206) 296-8443 Fax: (206) 296-0197 Email: morgan.john@kingcounty.gov